

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Hill, Elviejealina	Name of Joint Debtor (Spouse)(Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): aka Elvie Shaffer	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4986	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):	
Street Address of Debtor (No. & Street, City, and State): 115 Testa Drive Naperville, IL	Street Address of Joint Debtor (No. & Street, City, and State):	
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> ZIPCODE 60540 </div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> ZIPCODE </div>	
County of Residence or of the Principal Place of Business: Dupage	County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): SAME	Mailing Address of Joint Debtor (if different from street address):	
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> ZIPCODE </div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> ZIPCODE </div>	
Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE		
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> ZIPCODE </div>		

Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <div style="margin-top: 10px;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div>
Chapter 15 Debtors Country of debtor's center of main interests: <hr/> Each country in which a foreign proceeding by, regarding, or against debtor is pending: <hr/>		
Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).		
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		
Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		

Statistical/Administrative Information										THIS SPACE IS FOR COURT USE ONLY
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 </div>										
Estimated Assets <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>										
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>										

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Hill, Elviejealina	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
Northern District of Illinois	08-24697	9/18/08	
Location Where Filed:	Case Number:	Date Filed:	
Northern District of Illinois	10-00650	01/08/10	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
NONE			
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). X <u>/s/ MICHAEL R. RICHMOND</u> 4/29/2015 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hill, Elviejealina**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Hill, Elviejealina

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

4/29/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

(Date)

Signature of Attorney***X /s/ MICHAEL R. RICHMOND**

Signature of Attorney for Debtor(s)

MICHAEL R. RICHMOND 3124632

Printed Name of Attorney for Debtor(s)

HELLER & RICHMOND, LTD.

Firm Name

33 NORTH DEARBORN STREET

Address

SUITE 1907**CHICAGO, IL 60602****(312) 781-6700**

Telephone Number

4/29/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B6 Declaration (Official Form 6 - Declaration) (12/14)

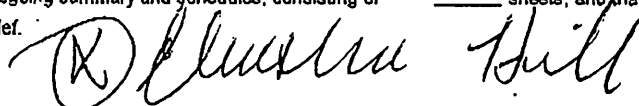
In re Hill, Elviejealina
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets, and that they are true and correct to the best of my knowledge, information and belief.



Date: 4/29/2015

Signature /s/ Hill, Elviejealina
Hill, Elviejealina

(If joint case, both spouses must sign.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Preparer:

Social security No. :

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____

Date: _____

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 - (Official Form 7) (4/13)

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

(If completed by an individual or individual and spouse)

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 4/29/2015

Signature /s/ Hill, Elviejealina
of Debtor

Date _____

Signature _____
of Joint Debtor
(if any)

88 (Official Form 8) (12/08)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Hill, Elviejealina*

Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name : PRESTIGE FINANCIAL	Describe Property Securing Debt : 2012 Nissan Sentra
Property will be (check one) : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one) : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522 (f)).	
Property is (check one) : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: None	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 4/29/2015

Debtor: /s/ Hill, Elviejealina

Date: _____

Joint Debtor: _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Hill, Elviejealina*
aka Elvie Shaffer

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *MICHAEL R. RICHMOND*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

A handwritten signature in black ink, appearing to read "Elviejealina Hill", with a large circular flourish at the beginning.

Date: 4/29/2015

/s/ Hill, Elviejealina
Debtor

Form B 201 (11/03)

UNITED STATES BANKRUPTCY COURT NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

4/29/2015

Date

/s/Hill, Elviejealina

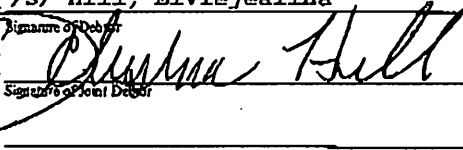
Signature of Debtor

Case Number

DEBTOR COPY COURT COPY
(circle one)

B1 (Official Form 1) (4/13)

FORM B1, Page 3

<p>Voluntary Petition (This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): Hill, Elviejealina</p>
<p>Signatures</p>	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. (If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>(If no attorney represents me and no bankruptcy petition preparer signs the petition) I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ Hill, Elviejealina</p> <p><small>Signature of Debtor</small></p> <p>X </p> <p><small>Signature of Joint Debtor</small></p> <p>Telephone Number (if not represented by attorney) 4/29/2015</p> <p><small>Date</small></p>	<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____</p> <p><small>(Signature of Foreign Representative)</small></p> <p>_____ <small>(Printed name of Foreign Representative)</small></p> <p>_____ <small>(Date)</small></p>
<p>Signature of Attorney*</p> <p>X /s/ MICHAEL R. RICHMOND</p> <p><small>Signature of Attorney for Debtor(s)</small></p> <p>MICHAEL R. RICHMOND 3124632</p> <p><small>Printed Name of Attorney for Debtor(s)</small></p> <p>HELLER & RICHMOND, LTD.</p> <p><small>Firm Name</small></p> <p>33 NORTH DEARBORN STREET</p> <p><small>Address</small></p> <p>SUITE 1907</p> <p>CHICAGO, IL 60602</p> <p>(312) 781-6700</p> <p><small>Telephone Number</small></p> <p>4/29/2015</p> <p><small>Date</small></p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ <small>Printed Name and title, if any, of Bankruptcy Petition Preparer</small></p> <p>_____ <small>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</small></p> <p>_____ <small>Address</small></p> <p>X _____</p> <p><small>Date</small></p> <p><small>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</small></p> <p><small>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</small></p> <p>_____ <small>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</small></p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____</p> <p><small>Signature of Authorized Individual</small></p> <p>_____ <small>Printed Name of Authorized Individual</small></p> <p>_____ <small>Title of Authorized Individual</small></p> <p>_____ <small>Date</small></p>	

B 10 (Official Form 1, Exhibit D) (12/09)

☐ 4. I am not required to receive a credit counseling briefing because of: *(Check the applicable statement)*

(Must be accompanied by a motion for determination by the court.)

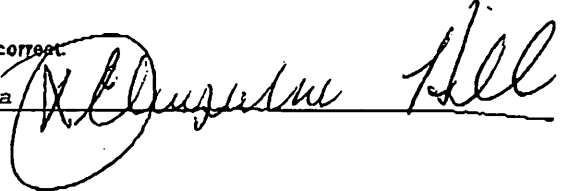
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Hill, Elviejealina

Date: 4/29/2015

A handwritten signature in black ink, appearing to read "Elviejealina Hill", is written over a horizontal line. The signature is stylized and cursive.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Hill, Elviejealina*

Case No.

(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.
[Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Hill, Elviejealina

Date: 4/29/2015

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Hill, Elviejealina*
aka Elvie Shaffer

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: **MICHAEL R. RICHMOND**

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 871.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 871.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 335.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: **4/29/2015**

Respectfully submitted,

X /s/ **MICHAEL R. RICHMOND**

Attorney for Petitioner: **MICHAEL R. RICHMOND**
HELLER & RICHMOND, LTD.
33 NORTH DEARBORN STREET
SUITE 1907
CHICAGO IL 60602
(312) 781-6700

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 12th day of April, 2012 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney") of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 and Elviejealina Hill of Downers Grove, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

1. Professional Legal Services to be Provided.

A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:

1. Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
4. Other:

B. Professional legal services to be provided by "Attorney" to "Client" shall not include:

1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
2. Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
3. Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
4. The filing of any adversary complaint to determine the dischargeability of an otherwise non-dischargeable debt.

2. Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client" 550.00 performance of these services (hereinafter referred to as "fee") in addition to the costs associated in filing the petition, \$306.00 at present.

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- A. - 0 - secured creditors;
- b. - 20 unsecured creditors; (***UP TO 30 UNSECURED CREDITORS**)
- c. - 0 priority debts; (**GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE**)

This stated "fee" has been further based upon "Client's" representation that he/she has:

- a. 0 - law suits pending against him/her;
- b. 0 wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client's" driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, *if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.*

"Client" agrees to pay all fees and court costs as follows:

1. \$ 350.00 on the execution of this agreement;
2. Balance due pursuant to local rules

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$ 931.00 *and that any monies paid upon the execution of this agreement are non-refundable* and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

4. Termination of Agreement.

A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.

B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause" shall include, but shall not be limited to the following:

1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
2. "Client's" failure to promptly pay legal fees or expenses incurred; or
3. Any other permissive or mandatory cause to withdraw from the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

5. "Client" acknowledgment.

A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.

B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.

C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7. "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.

D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.

E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.

F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.

G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.

H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her signature(s) thereto.

** costs include the court filing fee of \$299.00, the pre bankruptcy counseling and debt management class of \$100.00, the 3-bureau credit report of \$35.00 and 3 years of tax transcripts at \$15.00 per tax year
Heller & Richmond, Ltd.

By: 

I AGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT


HELLER & RICHMOND, LTD.
33 N. Dearborn Street
Suite 1600
Chicago, IL 60602
(312) 781-6700

By affixing my signature above, I hereby certify that
I have not filed any petition for bankruptcy within the
past 8 years, except as otherwise noted as follows:

NONE



YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.

UNITED STATES BANKRUPTCY COURT

NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

4/29/2015

Date

/s/Hill, Elviejealina

Signature of Debtor

Case Number

In re Hill, Elviejealina

Debtor(s)

Case No. _____

(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None			None
		TOTAL \$	0.00

No continuation sheets attached

(Report also on Summary of Schedules.)

In re Hill, Elviejealina, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Bank of America checking Location: In debtor's possession</i>		\$300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>furniture Location: In debtor's possession</i>		\$600.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<i>wearing apparel Location: In debtor's possession</i>		\$600.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			

In re Hill, Elviejealina, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	<div> Husband--H Wife--W Joint--J Community--C </div>	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401k Location: In debtor's possession		\$7,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.		2012 Nissan Sonata Location: In debtor's possession		\$9,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

In re Hill, Elviejealina, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total ➡				\$17,500.00

Case No. _____
(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

☒ 11 U.S.C. § 522(b) (3)

Page No. 1 of 1

* Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re Hill, Elviejealina, Debtor(s)

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 1512849							
Creditor # : 1 PRESTIGE FINANCIAL 1420 South 500 West Salt Lake City UT 84115		2012 Nissan Sentra				\$ 14,030.00	\$ 5,030.00
		Value: \$ 9,000.00					
Account No:							
		Value:					
No continuation sheets attached						Subtotal \$ (Total of this page)	\$ 14,030.00
						Total \$ (Use only on last page)	\$ 14,030.00
						(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Hill, Elviejealina

Debtor(s)

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Hill, Elviejealina,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3543 Creditor # : 1 Acl Laboratories PO Box 27901 West Allis WI 53227-0901						\$ 900.00
Account No: 2942 Creditor # : 2 Acl, Inc. PO Box 27901 West Allis WI 53227						\$ 1,006.80
Account No: 3078 Creditor # : 3 ADVOCATE Home Care Products - DME 2311 W. 22nd Street Suite 300 Oak Brook IL 60523						\$ 752.52
15 continuation sheets attached						Subtotal \$
						Total \$
						\$ 2,659.32

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
H--Husband W--Wife J--Joint C--Community						
Account No: 5013 Creditor # : 4 Ally Financial 200 Renaissance Ctr Detroit MI 48243		2008-03-21				\$ 9,595.00
Account No: 4A73 Creditor # : 5 AmCa 4 Westchester Plaza, Bldg 4 Elmsford NY 10523						\$ 137.38
Account No: 1340 Creditor # : 6 Arnold Scott Harris, P.C. 111 W. Jackson Boulevard Suite 600 Chicago IL 60604						\$ 1,046.50
Account No: 2598 Creditor # : 7 AT&T P.O. BOX 8100 Aurora IL 60507						\$ 86.00
Account No: 2598 Representing: AT&T		COLLECTION COMPANY OF AMERICA 700 LONGWATER DRIVE P.O. BOX 806 NORWELL MA 02061-0806				
Sheet No. 1 of 15 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ 10,864.88 Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:						\$ 900.00
Creditor # : 8 AT&T BANKRUPTCY DEPARTMENT 175 W. Houston, PO Box 2933 San Antonio TX 78299-2933						
Account No:						
Representing: AT&T		AFNI, INC. 404 BROCK DR PO BOX 3517 Bloomington IL 61702				
Account No: 7323						\$ 398.00
Creditor # : 9 CAPITAL ONE P.O. Box 30285 Salt Lake City UT 84130-0285						
Account No: 7323						
Representing: CAPITAL ONE		TSYS DEBT MANAGEMENT PO BOX 5155 Norcross GA 30091				
Account No:						\$ 300.00
Creditor # : 10 FAST CASH ADVANCE 8548 S. Cicero Burbank IL 60459						

Sheet No. 2 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,598.00
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
H--Husband W--Wife J--Joint C--Community						
Account No: Creditor # : 11 CBE Group PO Box 900 Waterloo IA 50704						\$ 315.00
Account No: Creditor # : 12 CENTRAL DUPAGE HOSPITAL 25 N. WINFIELD ROAD ATTN: PATIENT ACCOUNT Winfield IL 60190						\$ 242.25
Account No: 0790 Creditor # : 13 CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago IL 60602						\$ 60.00
Account No: 7432 Creditor # : 14 CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago IL 60602						\$ 50.00
Account No: 7432 Representing: CITY OF CHICAGO		ARNOLD SCOTT HARRIS 222 MERCHANDISE MART PLAZA SUITE 1900 Chicago IL 60654				
Sheet No. <u>3</u> of <u>15</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ Total \$ (Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

\$ 667.25

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6524 Creditor # : 15 CLiffie L. Brown c/o Simon McClosky & Scovell 120 W. Madison, Ste. 1300 Chicago IL 60602						\$ 2,939.00
Account No: Creditor # : 16 CLiffie L. Brown		judgment 2007 M1 016524 Circuit Court of Cook County, IL				\$ 2,939.00
Account No: Representing: CLiffie L. Brown		SIMON & MCCLOSKY, LTD. 805 N. Milwaukee Ave. SUITE 401 Chicago IL 60642				
Account No: 7964 Creditor # : 17 COMCAST P O BOX 3002 SOUTHEASTERN PA 19398-3002						\$ 74.00
Account No: 7964 Representing: COMCAST		CREDIT PROTECTION ASSOC P.O. BOX 802068 Dallas TX 75380				
Sheet No. 4 of 15 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ 5,952.00 Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4001 Creditor # : 18 COMED BILL PAYMENT CENTER CHICAGO ILLINOIS 60668-0001	H--Husband W--Wife J--Joint C--Community	2012-01-18				\$ 315.00
Account No: 4001 Representing: COMED		I C SYSTEM INC PO BOX 64378 SAINT PAUL MN 55164				
Account No: 4001 Representing: COMED		CREDIT COLLECTION SERVICE 2 WELLS AVE Dept. 9135 Newton Center MA 02459				
Account No: Creditor # : 19 COOK COUNTY State's Attorney Bad Check Restitution Program P.O. Box A3984 Chicago IL 60690						\$ 360.00
Account No: 4562 Creditor # : 20 CREDIT ONE Bank PO Box 60500 City of Industry CA 91716						\$ 821.00

Sheet No. 5 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,496.00
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9083 Creditor # : 21 CROSSINGS Book Club PO Box 6400 Camp Hill PA 17012						\$ 136.00
Account No: Creditor # : 22 Diversified Adjustment Serv. P.O. Box 32145 Minneapolis MN 55432						\$ 937.00
Account No: L000 Creditor # : 23 DUPAGE Pulmonary Assoc, LLC 2500 S. Highland Ave. Suite 325 Lombard IL 60148-5390						\$ 99.37
Account No: 5370 Creditor # : 24 Duvera 1910 Palomar Point Way Suite 101 Carlsbad CA 92008						\$ 190.00
Account No: 2SMA Creditor # : 25 ESSENCE MAGAZINE 135 West 50th Street 4th Floor New York NY 10020						\$ 22.00

Sheet No. 6 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,384.37

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2SMA Representing: ESSENCE MAGAZINE		EBSCO TELESERVICES PO BOX 830049 Birmingham AL 35283				
Account No: 4562 Creditor # : 26 FIRST NATIONAL BANK OF MARION P.O. BOX 98873 Las Vegas NV 89193						\$ 816.00
Account No: 0651 Creditor # : 27 GEvalia PO Box 6276 Dover DE 19905						\$ 31.00
Account No: 0995 Creditor # : 28 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove IL 60515						\$ 200.00
Account No: 6003 Creditor # : 29 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Attn: Patient Account Downers Grove IL 60515		2011-12-26				\$ 491.00

Sheet No. 7 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 1,538.00**
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6003	H--Husband W--Wife J--Joint C--Community	MRSI 2250 E DEVON AVE STE 352 DES PLAINES IL 60018				
Representing: Advocate GOOD SAMARITAN HOSP						
Account No: 5762						\$ 619.00
Creditor # : 30 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove IL 60515						
Account No: 6065						\$ 4,742.00
Creditor # : 31 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove IL 60515						
Account No: 9747						\$ 4,186.00
Creditor # : 32 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove IL 60515						
Account No: 6065						\$ 4,742.00
Creditor # : 33 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove IL 60515						

Sheet No. 8 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 14,289.00
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7-77 Creditor # : 34 Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove IL 60515	H--Husband W--Wife J--Joint C--Community	02/09/2015				\$ 1,376.01
Account No: Creditor # : 35 HEALTHCARE ASSOC CREDIT UNION 1151 EAST WARRENVILLE ROAD Naperville IL 60566-7053						\$ 571.00
Account No: 4986 Creditor # : 36 ILLINOIS DEPT. OF EMPLOYMENT BENEFITS REPAYMENT PO BOX 19286 Springfield IL 62794						\$ 2,126.00
Account No: Creditor # : 37 Internal Revenue Service Insolvency Section P.O. Box 7346 Philadelphia PA 19101-7346		income tax arrearage				\$ 14,000.00
Account No: 4856 Creditor # : 38 Kahuna Payment Solutions 807 Arcadia Drive Bloomington IL 61704						\$ 3,005.00

Sheet No. 9 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 21,078.01

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4856 Representing: <i>Kahuna Payment Solutions</i>	H--Husband W--Wife J--Joint C--Community	<i>Law Office of Charles McCarthy 705 N. East Street Suite 2 Bloomington IL 61701</i>				
Account No: 8269 Creditor # : 39 <i>KCI, Inc.</i>						\$ 2,124.69
Account No: 8269 Representing: <i>KCI, Inc.</i>		<i>ACB Recovery PO Box 2548 Cincinnati OH 45201-2500</i>				
Account No: Creditor # : 40 <i>LVNV FUNDING PO BOX 10587 Greenville SC 29603</i>						\$ 579.42
Account No: Creditor # : 41 <i>Northwest Collectors 3601 Algonquin Road Suite 500 Rolling Meadows IL 60008</i>						\$ 388.00

Sheet No. 10 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 3,092.11

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4778 Creditor # : 42 PEOPLES GAS 130 E. RANDOLPH DRIVE CHICAGO ILLINOIS 60601-6207	H--Husband W--Wife J--Joint C--Community					\$ 453.00
Account No: Creditor # : 43 PLS 446 E. Roosevelt Lombard IL 60148						\$ 1,000.00
Account No: Creditor # : 44 PORTFOLIO RECOVERY ASSOCIATES P.O. BOX 12914 Norfolk VA 23541						\$ 579.00
Account No: 4033 Creditor # : 45 QUEST DIAGNOSTICS PO BOX 7306 Hollister MO 65673-7306						\$ 128.34
Account No: 3428 Creditor # : 46 RADIation Oncology Consultants 300 S. Northwest Highway Park Ridge IL 60068						\$ 404.25

Sheet No. 11 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,564.59

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0001 Creditor # : 47 RADIOLOGICAL PHYSICIANS, LTD. 15 SPINNING WHEEL RD. #34 Hinsdale IL 60521	H--Husband W--Wife J--Joint C--Community	2009-12-29				\$ 388.00
Account No: 0001 Representing: RADIOLOGICAL PHYSICIANS, LTD.		NORTHWEST COLLECTORS 3601 ALGONQUIN RD STE 23 ROLLING MEADOWS IL 60008				
Account No: 1000 Creditor # : 48 Sage Telecom 3300 E. Renner Rd. Bldg. 2, Ste. 350 Richardson TX 75082						\$ 160.00
Account No: 3040 Creditor # : 49 SALUTE/UTB PO BOX 105555 Atlanta GA 30348						\$ 555.00
Account No: 4986 Creditor # : 50 SPRINT PO BOX 54977 Los Angeles CA 90054						\$ 500.00

Sheet No. 12 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 1,603.00**
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
H--Husband W--Wife J--Joint C--Community						
Account No: Creditor # : 51 STATE COLLECTION SERVICE 2509 S. STOUGHTON RD. Madison WI 53716						\$ 539.00
Account No: Creditor # : 52 State Farm Insurance Co. Auto Subrogation Department 160 Industrial Drive Elmhurst IL 60126-1699						Unknown
Account No: Representing: State Farm Insurance Co.		SIMON & MCCLOSKEY, LTD. 120 W. MADISON SUITE 1300 Chicago IL 60602				
Account No: 2559 Creditor # : 53 Surgery Associates		2012-04-24				\$ 50.00
Account No: 2559 Representing: Surgery Associates		FFCC-COLUMBUS INC 1550 OLD HENDERSON RD ST COLUMBUS OH 43220				
Sheet No. <u>13</u> of <u>15</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ Total \$ \$ 589.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9689 Creditor # : 54 T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque NM 87176	H--Husband W--Wife J--Joint C--Community	2011-10-21				\$ 630.00
Account No: 9689 Representing: T MOBILE USA, INC.		MIDLAND FUNDING 8875 AERO DR STE 200 SAN DIEGO CA 92123				
Account No: 0678 Creditor # : 55 UNIVERSITY PATHOLOGISTS P.O. BOX 805864 Chicago IL 60680						\$ 185.00
Account No: 0678 Representing: UNIVERSITY PATHOLOGISTS		UNITED COLLECTION BUREAU 5620 SOUTHWYCK 206 Toledo OH 43614				
Account No: 4246 Creditor # : 56 UNIVERSITY PATHOLOGISTS P.O. BOX 805864 Chicago IL 60680						\$ 50.00

Sheet No. 14 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 865.00
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Hill, Elviejealina,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4246 Representing: UNIVERSITY PATHOLOGISTS	H--Husband W--Wife J--Joint C--Community	UNITED COLLECTION BUREAU 5620 SOUTHWYCK 206 Toledo OH 43614				
Account No: 0001 Creditor # : 57 VERIZON WIRELESS 51 CHUBB WAY Somerville NJ 08876						\$ 1,048.99
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 15 of 15 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,048.99

Total \$ \$ 71,289.52

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Hill, Elviejealina / Debtor Case No. _____
(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Hill, Elviejealina / Debtor Case No. _____
(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

Fill in this information to identify your case:

Debtor 1 Hill, Elviejealina
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS

Case number
 (If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

medical field

Employer's name

Advocate Health Care

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1715.70</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1715.70</u>	\$ <u>0.00</u>

Debtor 1

Hill, Elviejealina

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 1715.70	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 359.67	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 188.50	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: 401(k)	5h. + \$ 34.32	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 582.49	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1133.21	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,133.21	\$ 0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. + \$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 1133.21	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Hill, Elviejealina
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

grand daughter

9

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Hill, Elviejealina

First Name

Middle Name

Last Name

Case number (if known)

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ 0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ 200.00
6b.	Water, sewer, garbage collection	\$ 0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ 200.00
6d.	Other. Specify: <u>cell phone</u>	\$ 150.00
7.	Food and housekeeping supplies	\$ 400.00
8.	Childcare and children's education costs	\$ 0.00
9.	Clothing, laundry, and dry cleaning	\$ 200.00
10.	Personal care products and services	\$ 0.00
11.	Medical and dental expenses	\$ 0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ 200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ 0.00
14.	Charitable contributions and religious donations	\$ 0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ 0.00
15b.	Health insurance	\$ 0.00
15c.	Vehicle insurance	\$ 0.00
15d.	Other insurance. Specify: _____	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ 0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ 0.00
17b.	Car payments for Vehicle 2	\$ 0.00
17c.	Other. Specify: _____	\$ 0.00
17d.	Other. Specify: <u>Additional Other Installments</u>	\$ 0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	\$ 0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	\$ 0.00
20b.	Real estate taxes	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	\$ 0.00
20e.	Homeowner's association or condominium dues	\$ 0.00

Debtor 1

Hill, Elviejealina

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: PERSONAL ITEMS & GROOMING

21. **+\$** 200.00

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$** 2450.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 1133.21

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 2450.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$** -1316.79

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**UNITED STATES BANKRUPTCY COURT
 FOR THE NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION**

In re *Hill, Elviejealina*

Case No.
 Chapter: 7

_____/Debtor(s)

Attorney For Debtor: *MICHAEL R. RICHMOND*

LIST OF CREDITORS

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
1	<i>Acl Laboratories PO Box 27901 West Allis, WI 53227-0901</i>			\$ 900.00
2	<i>Acl, Inc. PO Box 27901 West Allis, WI 53227</i>			\$ 1,006.80
3	<i>ADVOCATE Home Care Products - DME 2311 W. 22nd Street Suite 300 Oak Brook, IL 60523</i>			\$ 752.52
4	<i>Ally Financial 200 Renaissance Ctr Detroit, MI 48243</i>			\$ 9,595.00
5	<i>AmCa 4 Westchester Plaza, Bldg 4 Elmsford, NY 10523</i>			\$ 137.38
6	<i>Arnold Scott Harris, P.C. 111 W. Jackson Boulevard Suite 600 Chicago, IL 60604</i>			\$ 1,046.50

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
7	AT&T P.O. BOX 8100 Aurora, IL 60507			\$ 86.00
8	AT&T BANKRUPTCY DEPARTMENT 175 W. Houston, PO Box 2933 San Antonio, TX 78299-2933			\$ 900.00
9	CAPITAL ONE P.O. Box 30285 Salt Lake City, UT 84130-0285			\$ 398.00
10	FAST CASH ADVANCE 8548 S. Cicero Burbank, IL 60459			\$ 300.00
11	CBE Group PO Box 900 Waterloo, IA 50704			\$ 315.00
12	CENTRAL DUPAGE HOSPITAL 25 N. WINFIELD ROAD ATTN: PATIENT ACCOUNT Winfield, IL 60190			\$ 242.25
13	CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago, IL 60602			\$ 50.00
14	CITY OF CHICAGO DEPARTMENT OF REVENUE 121 N. LaSalle St. Rm 107A Chicago, IL 60602			\$ 60.00

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
15	CLiffie L. Brown c/o Simon McClosky & Scovell 120 W. Madison, Ste. 1300 Chicago, IL 60602			\$ 2,939.00
16	CLiffie L. Brown	judgment 2007 M1 016524 Circuit Court of Cook County, IL		\$ 2,939.00
17	COMCAST P O BOX 3002 SOUTHEASTERN, PA 19398-3002			\$ 74.00
18	COMED BILL PAYMENT CENTER CHICAGO, ILLINOIS 60668-0001			\$ 315.00
19	COOK COUNTY State's Attorney Bad Check Restitution Program P.O. Box A3984 Chicago, IL 60690			\$ 360.00
20	CREDIT ONE Bank PO Box 60500 City of Industry, CA 91716			\$ 821.00
21	CROSSINGS Book Club PO Box 6400 Camp Hill, PA 17012			\$ 136.00
22	Diversified Adjustment Serv. P.O. Box 32145 Minneapolis, MN 55432			\$ 937.00

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
23	DUPAGE Pulmonary Assoc, LLC 2500 S. Highland Ave. Suite 325 Lombard, IL 60148-5390			\$ 99.37
24	Duvera 1910 Palomar Point Way Suite 101 Carlsbad, CA 92008			\$ 190.00
25	ESSENCE MAGAZINE 135 West 50th Street 4th Floor New York, NY 10020			\$ 22.00
26	FIRST NATIONAL BANK OF MARION P.O. BOX 98873 Las Vegas, NV 89193			\$ 816.00
27	GEvalia PO Box 6276 Dover, DE 19905			\$ 31.00
28	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Attn: Patient Account Downers Grove, IL 60515			\$ 491.00
29	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove, IL 60515			\$ 4,742.00
30	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove, IL 60515			\$ 1,376.01

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
31	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove, IL 60515			\$ 200.00
32	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove, IL 60515			\$ 4,186.00
33	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove, IL 60515			\$ 4,742.00
34	Advocate GOOD SAMARITAN HOSP 3815 Highland Avenue Downers Grove, IL 60515			\$ 619.00
35	HEALTHCARE ASSOC CREDIT UNION 1151 EAST WARRENVILLE ROAD Naperville, IL 60566-7053			\$ 571.00
36	ILLINOIS DEPT. OF EMPLOYMENT BENEFITS REPAYMENT PO BOX 19286 Springfield, IL 62794			\$ 2,126.00
37	Internal Revenue Service Insolvency Section P.O. Box 7346 Philadelphia, PA 19101-7346	income tax arrearage		\$ 14,000.00
38	Kahuna Payment Solutions 807 Arcadia Drive Bloomington, IL 61704			\$ 3,005.00

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
39	KCI, Inc.			\$ 2,124.69
40	LVNV FUNDING PO BOX 10587 Greenville, SC 29603			\$ 579.42
41	Northwest Collectors 3601 Algonquin Road Suite 500 Rolling Meadows, IL 60008			\$ 388.00
42	PEOPLES GAS 130 E. RANDOLPH DRIVE CHICAGO, ILLINOIS 60601-6207			\$ 453.00
43	PLS 446 E. Roosevelt Lombard, IL 60148			\$ 1,000.00
44	PORTFOLIO RECOVERY ASSOCIATES P.O. BOX 12914 Norfolk, VA 23541			\$ 579.00
45	PRESTIGE FINANCIAL 1420 South 500 West Salt Lake City, UT 84115	2012 Nissan Sentra		\$ 14,030.00
46	QUEST DIAGNOSTICS PO BOX 7306 Hollister, MO 65673-7306			\$ 128.34

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
47	<i>RADIation Oncology Consultants 300 S. Northwest Highway Park Ridge, IL 60068</i>			<i>\$ 404.25</i>
48	<i>RADIOLOGICAL PHYSICIANS, LTD. 15 SPINNING WHEEL RD. #34 Hinsdale, IL 60521</i>			<i>\$ 388.00</i>
49	<i>Sage Telecom 3300 E. Renner Rd. Bldg. 2, Ste. 350 Richardson, TX 75082</i>			<i>\$ 160.00</i>
50	<i>SALUTE/UTB PO BOX 105555 Atlanta, GA 30348</i>			<i>\$ 555.00</i>
51	<i>SPRINT PO BOX 54977 Los Angeles, CA 90054</i>			<i>\$ 500.00</i>
52	<i>STATE COLLECTION SERVICE 2509 S. STOUGHTON RD. Madison, WI 53716</i>			<i>\$ 539.00</i>
53	<i>State Farm Insurance Co. Auto Subrogation Department 160 Industrial Drive Elmhurst, IL 60126-1699</i>			<i>Unknown</i>
54	<i>Surgery Associates</i>			<i>\$ 50.00</i>

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
55	T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque, NM 87176			\$ 630.00
56	UNIVERSITY PATHOLOGISTS P.O. BOX 805864 Chicago, IL 60680			\$ 185.00
57	UNIVERSITY PATHOLOGISTS P.O. BOX 805864 Chicago, IL 60680			\$ 50.00
58	VERIZON WIRELESS 51 CHUBB WAY Somerville, NJ 08876			\$ 1,048.99

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Hill, Elviejealina*
aka Elvie Shaffer

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: **MICHAEL R. RICHMOND**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 4/29/2015

/s/ Hill, Elviejealina
Debtor

ACB Recovery
PO Box 2548
Cincinnati, OH 45201-2500

Acl Laboratories
PO Box 27901
West Allis, WI 53227-0901

Acl, Inc.
PO Box 27901
West Allis, WI 53227

ADVOCATE Home Care Products - DME
2311 W. 22nd Street
Suite 300
Oak Brook, IL 60523

AFNI, INC.
404 BROCK DR
PO BOX 3517
Bloomington, IL 61702

Ally Financial
200 Renaissance Ctr
Detroit, MI 48243

AmCa
4 Westchester Plaza, Bldg 4
Elmsford, NY 10523

ARNOLD SCOTT HARRIS
222 MERCHANDISE MART PLAZA
SUITE 1900
Chicago, IL 60654

Arnold Scott Harris, P.C.
111 W. Jackson Boulevard
Suite 600
Chicago, IL 60604

AT&T
BANKRUPTCY DEPARTMENT
175 W. Houston, PO Box 2933
San Antonio, TX 78299-2933

AT&T
P.O. BOX 8100

Aurora, IL 60507

CAPITAL ONE
P.O. Box 30285
Salt Lake City, UT 84130-0285

FAST CASH ADVANCE
8548 S. Cicero
Burbank, IL 60459

CBE Group
PO Box 900
Waterloo, IA 50704

25 N. WINFIELD ROAD
ATTN: PATIENT ACCOUNT
Winfield, IL 60190

CITY OF CHICAGO
DEPARTMENT OF REVENUE
121 N. LaSalle St. Rm 107A
Chicago, IL 60602

CLiffie L. Brown
c/o Simon McClosky & Scovell
120 W. Madison, Ste. 1300
Chicago, IL 60602

CLiffie L. Brown

COLLECTION COMPANY OF AMERICA
700 LONGWATER DRIVE
P.O. BOX 806
NORWELL, MA 02061-0806

COMCAST
P O BOX 3002
SOUTHEASTERN, PA 19398-3002

COMED
BILL PAYMENT CENTER
CHICAGO, ILLINOIS 60668-0001

COOK COUNTY State's Attorney
Bad Check Restitution Program
P.O. Box A3984
Chicago, IL 60690

CREDIT COLLECTION SERVICE
2 WELLS AVE
Dept. 9135
Newton Center, MA 02459

CREDIT ONE Bank
PO Box 60500
City of Industry, CA 91716

CREDIT PROTECTION ASSOC
P.O. BOX 802068
Dallas, TX 75380

CROSSINGS Book Club
PO Box 6400
Camp Hill, PA 17012

Diversified Adjustment Serv.
P.O. Box 32145
Minneapolis, MN 55432

DUPAGE Pulmonary Assoc, LLC
2500 S. Highland Ave.
Suite 325
Lombard, IL 60148-5390

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1910 Palomar Point Way
Suite 101
Carlsbad, CA 92008

EBSCO TELESERVICES
PO BOX 830049
Birmingham, AL 35283

ESSENCE MAGAZINE
135 West 50th Street
4th Floor
New York, NY 10020

FFCC-COLUMBUS INC
1550 OLD HENDERSON RD ST
COLUMBUS, OH 43220

FIRST NATIONAL BANK OF MARION
P.O. BOX 98873
Las Vegas, NV 89193

GEvalia
PO Box 6276
Dover, DE 19905

Advocate GOOD SAMARITAN HOSP
3815 Highland Avenue
Attn: Patient Account
Downers Grove, IL 60515

Advocate GOOD SAMARITAN HOSP
3815 Highland Avenue
Downers Grove, IL 60515

HEALTHCARE ASSOC CREDIT UNION
1151 EAST WARRENVILLE ROAD
Naperville, IL 60566-7053

Hill, Elviejealina
115 Testa Drive
Naperville, IL 60540

I C SYSTEM INC
PO BOX 64378
SAINT PAUL, MN 55164

ILLINOIS DEPT. OF EMPLOYMENT
BENEFITS REPAYMENT
PO BOX 19286
Springfield, IL 62794

Internal Revenue Service
Insolvency Section
P.O. Box 7346
Philadelphia, PA 19101-7346

Kahuna Payment Solutions
807 Arcadia Drive
Bloomington, IL 61704

KCI, Inc.
Law Office of Charles McCarthy
705 N. East Street
Suite 2
Bloomington, IL 61701

LVNV FUNDING
PO BOX 10587
Greenville, SC 29603

MICHAEL R. RICHMOND
33 NORTH DEARBORN STREET
SUITE 1907
CHICAGO, IL 60602

MIDLAND FUNDING
8875 AERO DR STE 200
SAN DIEGO, CA 92123

MRSI
2250 E DEVON AVE STE 352
DES PLAINES, IL 60018

Northwest Collectors
3601 Algonquin Road
Suite 500
Rolling Meadows, IL 60008

NORTHWEST COLLECTORS
3601 ALGONQUIN RD STE 23
ROLLING MEADOWS, IL 60008

PEOPLES GAS
130 E. RANDOLPH DRIVE
CHICAGO, ILLINOIS 60601-6207

PLS
446 E. Roosevelt
Lombard, IL 60148

PORTFOLIO RECOVERY ASSOCIATES
P.O. BOX 12914
Norfolk, VA 23541

PRESTIGE FINANCIAL
1420 South 500 West
Salt Lake City, UT 84115

QUEST DIAGNOSTICS
PO BOX 7306
Hollister, MO 65673-7306

RADIation Oncology Consultants
300 S. Northwest Highway
Park Ridge, IL 60068

RADIOLOGICAL PHYSICIANS, LTD.
15 SPINNING WHEEL RD. #34
Hinsdale, IL 60521

Sage Telecom
3300 E. Renner Rd.
Bldg. 2, Ste. 350
Richardson, TX 75082

SALUTE/UTB
PO BOX 105555
Atlanta, GA 30348

SIMON & MCCLOSKEY, LTD.
805 N. Milwaukee Ave.
SUITE 401
Chicago, IL 60642

SIMON & MCCLOSKEY, LTD.
120 W. MADISON
SUITE 1300
Chicago, IL 60602

SPRINT
PO BOX 54977
Los Angeles, CA 90054

STATE COLLECTION SERVICE
2509 S. STOUGHTON RD.
Madison, WI 53716

State Farm Insurance Co.
Auto Subrogation Department
160 Industrial Drive
Elmhurst, IL 60126-1699

Surgery Associates

T MOBILE USA, INC.
T Mobile Bankruptcy
P O Box 37380
Albuquerque, NM 87176

TSYS DEBT MANAGEMENT
PO BOX 5155
Norcross, GA 30091

UNITED COLLECTION BUREAU
5620 SOUTHWYCK
206
Toledo, OH 43614

UNIVERSITY PATHOLOGISTS
P.O. BOX 805864
Chicago, IL 60680

VERIZON WIRELESS
51 CHUBB WAY
Somerville, NJ 08876

Fill in this information to identify your case:			
Debtor 1	Hill, Elviejealina		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN</u> District of <u>ILLINOIS</u>			
Case Number (if known)			

Form B 6J

Schedule J: Your Expenses – Continuation Page

All figures below are included in the total on Line 22 of Schedule J

2. Additional Dependents Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you? <input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

Your Expenses

6d. Other Utilities.	
Specify: Additional Other Utilities	\$ 0.00
Specify:	\$
15d. Other Insurance.	
Specify: Additional Other Insurance	\$ 0.00
Specify:	\$
16. Taxes. Do not include taxes deducted from your pay or included in Lines 4 or 20.	
Specify:	\$
Specify:	\$
19. Other payments you make to support others who do not live with you.	
Specify:	\$
Specify:	\$
21. Other.	
Specify: Additional Other Expenses	\$ 0.00
Specify: Child Care	\$ 300.00
Specify:	\$
Specify:	\$
Specify:	\$
Specify:	\$

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Hill, Elviejealina*

Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1		
Creditor's Name : <i>PRESTIGE FINANCIAL</i>	Describe Property Securing Debt : <i>2012 Nissan Sentra</i>	
Property will be (check one) : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (check at least one) : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).		
Property is (check one) : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: <i>None</i>	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 4/29/2015

Debtor: /s/ Hill, Elviejealina

Date: _____

Joint Debtor: _____

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re: **Hill, Elviejealina**
aka Elvie Shaffer

Case No. _____

(if known)

Debtor

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(2), (31).

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: \$14,569

Last Year: \$33,612

Year before: \$33,638

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: 0

Last Year: \$4,679

Year before: \$0

pension

3. Payments to creditors

None Complete a. or b., as appropriate, and c.



a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Payee: HELLER & RICHMOND, LTD. Address: 33 NORTH DEARBORN STREET SUITE 1907 CHICAGO, IL 60602	Date of Payment: 03/13/2015 Payor: Hill, Elviejealina	\$325

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
Debtor: Address: 6450 Double Eagle Dr. Woodridge	Name(s):	one year thru spring 2014
Debtor: Address: 2208 Prentiss Downers Grove, IL	Name(s):	prior 4 years

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None ☒ For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 4/29/2015

Signature /s/ Hill, Elviejealina
of Debtor

Date _____

Signature _____
of Joint Debtor
(if any)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 34(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No.(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal,, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Hill, Elviejealina*

Case No.
Chapter 7

/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 17,500.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 14,030.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	16		\$ 71,289.52	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	2			\$ 1,133.21
J-Current Expenditures of Individual Debtor(s)	Yes	4			\$ 2,450.00
TOTAL		31	\$ 17,500.00	\$ 85,319.52	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Hill, Elviejealina*

Case No.
Chapter 7

/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 1,133.21
Average Expenses (from Schedule J, Line 22)	\$ 2,450.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$ 2,763.54

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 5,030.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 71,289.52
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 76,319.52

In re Hill, Elviejealina
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 4/29/2015

Signature /s/ Hill, Elviejealina
Hill, Elviejealina

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110)

I certify that I am a bankruptcy preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Preparer:

Social security No. :

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____

Date: _____

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.